

**ATTACHMENT D****DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFITS DIVISION****COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2006**

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental <b>Mail STD. 692 to:</b> COBRA – State of California Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$49.60	\$98.71	\$138.90
	Basic	Rank and File employees	\$47.65	\$83.94	\$121.79
	Basic	Eligible dependents of Rank and File employees	\$40.78	\$61.44	\$80.56
	PPO	Excluded and Rank and File employees and their dependents	\$41.83	\$82.09	\$123.92
Safeguard COBRA UNIT 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$15.04	\$24.36	\$34.12
	Enhanced	Excluded employees and their eligible dependents	\$14.71	\$24.90	\$30.67
PMI - DeltaCare COBRA UNIT 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded/Rank and File employees and their eligible dependents	\$17.24	\$28.29	\$39.15
Vision Service Plan COBRA UNIT P.O. Box 997100 Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded/Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents.  
These premium rates are 102% of current gross premiums.